# SVTI - Student Vital Technology Initiative - 2014 - 2015 Proposals

## Contact Information

1. **Coyote ID** *
   - This is the official California State University, San Bernardino identification number

2. **First Name** *

3. **Last Name** *

4. **Phone Number** *
   - Enter a 10-digit phone number (123) 456-7890 or (123)456-7890 or 123-456-7890

5. **CSUSB Email** *
   - (Example: coyotej@coyote.csusb.edu or jcoyote@csusb.edu)

## University Unit
6. Select from the following:

- Campus Division
- Palm Desert Campus (PDC)
- Student Organization

7. Division

- Academic Affairs
- Administration and Finance
- Information Technology Services
- Student Affairs
- University Advancement

Academic Affairs - Departments
Please provide college departmental affiliation or specific office in your Project Abstract.

8. College/Department *

- Academic Personnel
- Academic Programs
- Academic Resources
- Academic Scheduling
- Center for International Studies and Programs
- College of Arts and Letters
- College of Business and Public Administration
- College of Education
- College of Extended Learning
- College of Natural Sciences
- College of Social Behavioral Sciences
- Community-University Partnerships (CUP)
- Graduate Studies & Assessment and Planning
- Institutional Research
- Office of Academic Research
- Online & Distributed Learning
- Pfau Library
- Research and Sponsored Programs
- Undergraduate Studies
- Water Resource Institute

Administration and Finance - Departments
9. Administration and Finance *

Please provide college departmental affiliation or specific office in your Project Abstract.

Accounting  
Athletics  
Budget Office  
Capital Planning, Design and Construction  
Commuter Services  
Environmental Health & Safety  
Events Scheduling  
Facilities Services  
Financial Operations  
Human Resources  
Printing Services  
Property Management  
Purchasing Office  
Receiving/Mail Services  
University Enterprises Corporation at CSUSB  
University Police

10. Information Technology Services *

Please provide college departmental affiliation or specific office in your Project Abstract.

Academic Computing & Media  
Administrative Computing Services  
Associate Vice President Office  
Common Management Systems  
Data Center  
Information Security Office  
Technology Support Center  
Telecommunications & Network Services

Student Affairs - Departments
11. Student Affairs *
Please provide college departmental affiliation or specific office in your Project Abstract.

Admissions and Student Recruitment
Associated Students, Inc.
Career Development Center
Children's Center
Financial Aid
Housing and Residential Life
Judicial Affairs
National Student Exchange
Psychological Counseling Center
Records, Registration and Evaluations
Recreational Sports
Services to Students with Disabilities
Student Health Center
Student Leadership & Development
Student Union
University Diversity Committee
Veterans Success Center
Workability IV

University Advancement - Departments

12. University Advancement *
Please provide college departmental affiliation or specific office in your Project Abstract.

Advancement Services
Alumni Development
Development
Special Events and Guests Services

Student Organization

13. Student Organization Name *

Proposal Details
14. Proposal Category *
   College specific proposals may address a specific discipline need or program. General proposals may focus on technology needs of the general student body.
   - College
   - General

FY 2015

15. Total Amount Requested for FY 2015 *

16. Project Title *

17. Project Abstract (250 words or less)

18. How many students will be impacted annually?
19. What are your intended Process Outcomes and/or Student Learning Outcomes?

"Process Outcomes" describe the improvements you expect to see as a result of changes to existing offerings, approaches, or processes in your office operation. Examples of these types of outcomes include: increased student use of your services, increased student satisfaction with your services, reduced waiting time for appointments, increased attendance at your events, reduce error rates, etc.

"Student Learning Outcomes" describe the knowledge, skills, or behaviors that you intend for students to acquire as they interact with your program/office.

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20. What measures will you or evidence will you collect to determine whether the intended outcomes have been achieved?

(Please note Measure(s) 1 below will provide evidence for Outcome 1 above and so forth)

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Project Timeline

21. Start Date (MM/DD/YYYY) *

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22. End Date (MM/DD/YYYY) *
23. First Quarter of Student Use *
(example: Spring 2015, Fall 2016)

Project Collaboration

24. Statements of support by collaborating organization(s) or department(s) (if applicable)

Collaboration or endorsement allocated to project/program

25. Matching funds or resources allocated to project
List the source of your matching funds and the corresponding amount.

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BUDGET DETAILS
26. Export here the Excel file that contains the Budget information for your project.*

![Choose File] No file selected  [Upload]

27. California State University, San Bernardino

*I hereby certify:

1. I Understand that the project that I have proposed must be accessible to students with disabilities and comply with Section 508 and IT guidelines.
2. I will participate in mandatory training for electronic & information technology purchases and outcomes assessment reporting.

*  

☐ Yes